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Applicant(s): DePABLO et al.

Title: LYOPHILIZATION OF HUMAN PLATELETS

**REVOCATION OF POWER OF ATTORNEY;**  
**GRANTING OF POWER OF ATTORNEY; CHANGE OF ADDRESS**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

To the Commissioner:

I, the undersigned, hereby revoke all Powers of Attorney previously given in relation to the application referred to above. Please recognize the attorneys listed below as my attorneys in the prosecution of the above identified application with full power to transact all business in the Patent and Trademark Office connected therewith, including full power of substitution, revocation and change of correspondence address:

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Dated: 7-23-09

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